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ABSTRACT

A description is presented of "Intrapartum Perinatology," an undergraduate nursing course which focuses on the various functions and responsibilities of nurses during the labor and birth processes. First, a course description is provided which includes the criteria for students taking the course and assignments of time for lecture and discussion. Next, the major goals and long-range objectives of the course are highlighted. The following sections present the required and recommended readings for the course, a bibliography, and a list of audiovisual materials. Next, the seven units of the course are described: (1) the intrapartum environment; (2) assessment of the intrapartum patient; (3) the normal labor process; (4) immediate neonatal care; (5) obstetrical complications; (6) perinatal emergencies; and (7) intrapartum management of existing medical problems. Each unit description includes an overview of the topic, a specification of goals and objectives, sample test items, and planned activities and readings. Finally, methods of course, instructor, and student evaluation are outlined. (HB)

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INTRAPARTUM PERINATOLOGY: A NURSING PERSPECTIVE

NURSING 300

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GRADUATE SEMINAR PAPER
UNIVERSITY OF CALIFORNIA,
LOS ANGELES

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TABLE OF CONTENTS

	<u>Page</u>
COURSE DESCRIPTION-----	3
COURSE CONTENT-----	4
MATERIALS OF INSTRUCTION-----	6
TEXT-----	6
BIBLIOGRAPHY-----	7
AUDIOVISUAL MATERIAL-----	9
UNITS	
I The Intrapartum Environment-----	10
II Assessment of Intrapartum patient-----	13
III The Normal Labor Process-----	16
IV Immediate Neonatal Care-----	20
V Obstetrical Complications-----	23
VI Perinatal Emergencies-----	29
VII Intrapartum Management of Existing Medical Problems-----	31
EVALUATION-----	34

COURSE DESCRIPTION

Intrapartum Perinatology is an undergraduate course, designed as one of three non-sequential courses, within a perinatology clinical speciality option. It is available to six senior nursing students a year in the baccalaureate program.

The students must meet the following criteria:

1. Proficiency in basic nursing skills as demonstrated by at least a B average in clinical nursing course work.
2. Approval of his/her faculty advisor
3. An expressed intention to pursue a position in Perinatology after graduation.
4. Completion of each Perinatology course with a minimum grade of C. Students who do not maintain a C average in any one of the series will not be allowed to continue with the series. It is expected that between five and ten percent of the students entering this course will not complete it. The drop out rate for the series has been approximately seven percent.

The course will consist of three hours a week of class (lecture and discussion) time. This will be scheduled earlier in the week than the clinical portion of the course. Eight hours a week are scheduled as clinical experience. It will consist of one eight hour shift (7am - 3pm) on the labor and delivery unit of the University hospital per week.

COURSE CONTENT

The University has expressed a strong commitment to the advancement and upgrading of health care. Consistent with the University's position, the major goals of this course are to provide:

1. The student with the opportunity and environment to learn current concepts and quality professional nursing care of the intrapartum woman and child.
2. The profession of Nursing with entry level clinicians that have university level course work and concentrated clinical experience in Perinatology.
3. Society with nursing clinicians that can provide quality care based on current concepts, physiological principles and patient needs.

The long range objectives of this course are:

1. Eighty percent of the students completing this course will pursue a position in Perinatology after graduation and will continue in the specialization for at least one year.
2. After completion of one year of clinical experience in Perinatology at least seventy percent of the students that complete this course will successfully complete the national certification examination.
3. Students completing this course and employed in the field of perinatology, particularly intrapartum

settings will receive above average evaluation by their supervisors.

A list of course units and their titles may be found in the Table of Contents. The course work has been distributed over the ten week period in the following manner.

Course										
week #	1	2	3	4	5	6	7	8	9	10
class unit #	1	2	3	3	4	5	5	5	6	7
clinical unit	1	2	3	3	4	5	5	5	6	7

The exception to this schedule occurs between week three and week nine. In order to schedule each student a clinical experience for Unit VI, Perinatal Emergencies, the clinical sequence will be altered in the following way. During week three through week nine, one student a week will be scheduled to work with the staff nurse on the unit assigned to trouble shoot emergency situations. The student will make up the clinical unit missed during week nine.

MATERIALS OF INSTRUCTION

A. Required texts:

Oxorn, H. Human Labor and Birth. Appleton-Century
Crofts, New York, 1980.

Reeder, S. Mastroianni, L. and Martin, L. Maternity
Nursing. J. S. Lippincott Company, London, 1983.

B. Recommended Text:

Klaus, N. and Kennel, J. Parent-Infant Bonding.
C. V. Mosby, St. Louis, 1982.

BIBLIOGRAPHY

Bates, B. A Guide to Physical Examination. J. B. Lippincott Company, Philadelphia, 1982.

* Berkowitz, R. Critical Care of Obstetric Patient. Churchill-Livingston, New York, 1983.

Cloherly, J. P, and Stark, A. R. (ed) Manual of Neonatal Care. Little, Brown & Co., Boston, 1981.

* Cohen, A. W. & Gabbe, S. G. Intrapartum Management of Diabetic Patient. Clinical Perinatology. 8:165, 1981 p. 43-51.

*Dohen, W. R. & Schifrin, B.S. Diagnosis and treatment of fetal distress. In Bolognesese & Swartz (ed) Perinatal Medicine. Williams & Wilkins, Baltimore. 1977 p. 210-218.

Fanaroff, A. & Martin, E. Neonatal-Perinatal Medicine. C. V. Mosby Co., St. Louis, 1983.

Friedman, E. A. Dysfunctional labor. Clinical Obstetrics, 2, 72, 1978 p. 2-10. (in Syllabus).

* Gregory, George. Resuscitation of the newborn. Anesthesiology 43, 2:225-237. 1975.

* Hon, E. H. An Introduction to Fetal Heart Rate Monitoring. Marty Press, New Haven, Connecticut. 1969.

Huprich, P.A. Assisting the couple through a hamaze delivery. MCN 2,4:245-253.

*Lowensohn, R. Instrumentation for fetal heart rate monitoring. JOGN Vol 5(5) 1976. p 11-14.

*Martin, C. & Gingerick B. Factors affecting the fetal heart rate: Geneses of fetal heart rate patters. JOGN Vol 5(5) 1976, p 30-40.

* On reserve.

* Martin, C & Gingerick, B. Uteroplacental Physiology. JOGN, Vol 5(5) 1976. p 16-24.

* Merkatz, I. R., Peter, J.B. & Farden, T. P. Retodrive hydrochloride: A Betamimetic agent for use in preterm labor. Obstetrics & Gynecology, 56,1:9-11. 1980.

Netter, F. H. Medical Illustrations, Volume 5: The Reproductive System. CIBA, New York, 1972.

* Pritchard, S.A. & Mc Donald, R.C. (ed) Willimam's Obstetrics. Appleton-Century-Crofts, New York. 1980.

Quilligan, E. J. & Colleas, J. Fetal Monitoring in Pregnancy. In Syllabus.

* Roberts, J. Factors influencing distress from pain during labor. MCN Vol 8 January/February 1983. p. 62-66.

Roberts, J.E. Maternal positions for childbirth: A historical review of nursing care practices. JOGN 8:24-32. 1979.

Shannon-Babitz, M. Addressing the needs of fathers during labor and delivery. MCN 4; 6; 378-382. 1979.

* Tejanic, N., Klein, S.W., Kaplan, M. Subclinical herpes simplex genitals infections in perinatal period. American Journal of Obstetrics and Gynecology 135:547. 1979. p. 64-69.

Ueland K. Cardiovascular diseases complicating pregnancy. Clinical Obstetric and Gynecology. 21:429 1978. p. 136-142.

AUDIO-VISUAL MATERIALS

1. Childbirth: born out of asepsis. Film. Available at Learning Resource Center.
2. The Obstetrical physical exam. Slide/tape set. Learning Resource Center.
3. Childbirth: normal labor and delivery. Film. Learning Resource Center.
4. Newborn assessment: physical examination. Slide/tape set at Learning Resource Center.
5. Childbirth: Obstetrical complications during delivery. Film at Learning Resource Center.
6. Obstetrical Charts & Models available at Learning Center.
7. Cesarean Section. Film available at Learning Center.

UNITS OF INSTRUCTION

UNIT I

THE INTRAPARTUM ENVIRONMENT

The intrapartum period consist of the period of time during the perinatal period when the woman and child are involved in the labor and birth process. Nursing has varied functions and responsibilities within the intrapartum environment, that are particular to this specialization.

The intrapartum period is a unique life experience for each woman. Our first priority in nursing care for the perinatal patient is always safety. Unlike other types of nursing environments, in caring for the perinatal patient, we are caring for two patients, the mother and the fetus. There are time when their needs do not coincide.

GOAL #1

The student will demonstrate safe delivery procedures for a precipitous birth, out of asepsis.

A. Objective:

1. The student will demonstrate to the instructor, in class using obstetrical models, the appropriate technique for a safe precipitous delivery.

Due: Class Day #1

Criterion level: 100%

B. Planned Activities:

1. Film- "Childbirth: Born Out Asepsis" (in class)
2. Discussion and demonstration of the appropriate technique

for a precipitous delivery of an infant born out of
asepsis.
(in Class).

GOAL #2

The student will become familiar with the intrapartum
environment used during the clinical experience.

A. Objectives:

1. The student will match a given list of twenty duties and
responsibilities with the appropriate level of staff that
work on the intrapartum unit.

Due: Clinical Day #1

Criterion: 80%

Sample:	1. R.N.	a) Start IV's _____
	2. LVN	b) Draw Bloods _____
	3. Intern	c) Give IV meds _____

2. The student will locate items on a given list and record
the specific location on the unit in the space provided,
during clinically scheduled time.

Due: At the end of the first clinical day.

Criterion: 70%

Sample:	<u>Item</u>	<u>Location</u>
	1. Thermometer	
	2. Catherization tray	
	3. Silver Nitrate	

B. Planned Activities:

1. A tour of the clinical area (first clinical day)
2. An introduction and brief discussion of the policies and procedures of the clinical area by the Clinical Nurse Specialist and the Head Nurse.
3. The instructor will handout and discuss a list of duties and responsibilities of each staff level utilized on the intrapartum unit (class day #1).
4. An introduction to the fetal monitoring equipment on the unit. (Clinical day #1).

UNIT II

ASSESSMENT OF THE INTRAPARTUM PATIENT

Successful planning and implementation of nursing care depends on an accurate and skillful nursing assessment. Students will be utilizing basic history and physical examination techniques learned in earlier nursing coursework, as well as, developing skills unique to the Intrapartum patient. In assessing the intrapartum patient, both the mother and the fetus must be considered.

GOAL #1

The student will utilize complete history and physical examination procedures appropriate for the intrapartum patient.

A. Objectives:

1. Using information presented in class, assigned readings and previous coursework, the student will complete a full history and physical for two intrapartum patients. Appropriate notations are to be made on the patient's medical record, including current physical findings.

Due: Clinical Day #2

Criterion: 90%

2. Outside of class, using information gathered during clinical day #2, the student will write a three to four page paper (typed), reporting clinical findings. This assignment will be letter graded.

Due: Class day #3

Information to be included in this paper:

1. History

- a) Prenatal care and education
- b) Family History
- c) Past obstetrical history
- d) Medical problems, past and present
- e) Current understanding of birth process
- f) Current pregnancy and labor history

2. Physical Examination

- a) Review of systems
- b) Obstetrical examination
- c) Vital signs
- d) Urine screen

3. Fetal Assessment

- a) Maturity (by dates, by exam and/or other dating methods)
- b) Fetal heart rate monitor pattern and interpretation
include an example.

Planned Activities:

Objective #1

- 1. Lecture on intrapartum nursing history and physical examination procedures. (Class day #2)

2. Reading assignment:

Reeder

- a) Reeder, S. Mastroiannie L & Martin, L.
Maternity Nursing

Ch. 24 p. 483-494

Ch. 22 p. 459-468

Ch. 41 p. 914, 905-910

- b) Oxorn, H. Human Labor and Birth.

Ch. 5 p. 16-38

Ch. 7-9 p. 60-83

3. Review materials (optional)

- a) Bates, B. A Guide to Physical Examination.
- b) Slide/tape presentation. "The obstetrical physical exam". Available at the Learning Center. An optional student activity, to be done outside of class.

Objective #2

1. Lecture on fetal monitoring patterns, using an overhead projector for illustration. (Class day #2).
2. A worksheet requiring recognition of fetal heart rate monitoring patterns, to be discussed and completed in class. The student will keep this for reference material.
3. Readings:
 - a) Quilligan, E. J. & Colleas J.
Fetal Monitoring in Pregnancy. (in Syllabus).
 - b) Herts, R. & Jarrell, S.
Intra Partum fetal assessment .
In Farnoff, A., & Martin, R.
Neonatal-Perinatal Medicina
p. 112-119. (on reserve).
4. Suggested Reading:
 - a) Oxorn, Ch. 6, Ch. 36
 - b) Reeder, Mastroiani & Martin
Ch. 11, Ch. 40, Ch. 41
 - c) Martin, C. & Gingerich, B.
Utero-placental Physiology. JOGN
5,5:16-24, 1976.

UNIT III

THE LABOR AND BIRTH PROCESS

Labor and birthing is a natural process, not an illness. Each woman has the right to control her own birthing experience. Her wishes and feelings should be respected, in a non-judgemental fashion at all times. Nursing evaluations involving pain management are a necessary part of assisting the intrapartum patient. Accurate nursing observations and interventions are a critical element in maintaining a safe and positive birthing experience for mother and child.

GOAL #1

The student will demonstrate an understanding of the pain mechanism during labor and evaluate the need for pharmaceutical and other interventions.

A. Objective:

1. In class, based on the readings and lecture materials the student will in 50-100 words describe the mechanisms of labor pain.

Due: Class #4

Criterion: 80%

2. During the clinical post-conference, the student will present a 10 to 15 minute discussion of pain assessment and interventions for his/her assigned labor patient.

Due: Clinical day #3

Criterion: 100%

GOAL #2

The student will recognize the uses and the side-effects for mother and fetus of all commonly used perinatal analgesia and anesthetic agents.

A. Objectives:

1. In class, given a list of ten commonly used drugs, from those discussed in the lecture and the required reading, the student will in twenty-five words or less state;

1 major intrapartum use

1 major maternal side-effect

1 major fetal side-effect

Due: Class day #4

Criterion: 80%

Sample: Demerol - analgesia, Decreased maternal blood pressure, Central nervous system depression in fetus.

2. In the clinical setting, the student will be prepared to state to the clinical instructor, the usage and maternal-fetal side-effects for all drugs prescribed for his/her assigned patient. This will be a requirement of every patient care assignment the student will have in this course.

Due: Beginning clinical day #4

Criterion: 90%

B. Planned Activities:

1. Lecture and discussion of a) pain mechanisms and management during labor and birth, b) analgesia and anesthetic drugs used for the intrapartum patient.
2. Readings:
 - a) Reeder, Mastroianni, and Martin, Ch. 26
 - b) Roberts, J. Factors Influencing Distress from pain during labor. MCN 8:62-66, 1983.
3. The student will be assigned to care for a low-risk early labor patient for seven hours. (Clinical day #3).
4. Post-Clinical Conference - student presentations (Clinical day #3).
5. Suggested Reading (optional)
 - a) Oxorn, Ch. 31
 - b) Mc Donald Anesthesia for labor and delivery. In Farnoff and Martin. Neonatal-Perinatal Medicine. 174-179.
 - c) Aranda, J., Hales, B., & Gibbs, J. Developmental pharmacology. In Farnoff and Martin. Neonatal-Perinatal Medicine. p. 150-174.

GOAL #3

Using physiological principles the student will be able to make appropriate nursing observations and interventions for the low risk intrapartum patient.

A. Objective:

1. Outside of class, based on lecture material, readings and clinical assignments (day #3-4), the student will write a two-three page report on his/her observations and interventions for the laboring patient. Include the following:

- a) Three priority patient care needs
- b) Three priority nursing interventions
- c) Fetal monitoring strips (2 minutes) with an interpretation. Include, an initial strip, any changes due to medications, and any changes due to fetal distress.

Due: Class day #5

Criterion: 100%

B. Planned Activities:

1. The student will be assigned to care for a low-risk intrapartum patient in active labor and follow her course for seven hours.
2. Clinical post-conference will discuss student's clinical questions.
3. Film - Childbirth: Normal labor and delivery. During class (#4).
4. Lecture on the stages of labor, nursing assessment and interventions.
5. Readings:
 - a) Huprick, P.A. Assisting the couple through a Lamaze delivery. MCN 2,4:245-253. 1977.
 - b) Klaus, M. & Kennell, J. Parent-Infant Bonding. p. 22-110.
 - c) Oxorn Ch. 11, Ch. 34.
6. Suggested readings (optional)
 - a) Oxorn, Ch. 32
 - b) Roberts, J.E. Maternal position for childbirth: A historical review of nursing care practices. JOGN 8: 24-32, 1979.

UNIT IV

IMMEDIATE CARE OF THE NEWBORN

The newborn's physiological transition makes him susceptible to many life-threatening circumstances. The care and assessment of the newborn in the delivery room often requires immediate actions. Frequently, it is the nurse, who is in the position to assess these circumstances and initiate interventions.

GOAL #1

The student will assess the physiologic status of the newborn.

A. Objectives:

1. In the clinical setting, the student will appropriately assess and initiate nursing interventions as determined by the clinical instructor for two newborn infants.

Due: Clinical day #5

Criterion: 100%

Please include all of the following:

- a) Apgar scoring
- b) Cord care and inspection
- c) Stimulation as necessary
- d) Airway maintenance
- e) Physical inspection
- f) Eye care
- g) Vitamin K administration
- h) Respiratory and cardiac assessment

B. Planned Activities:

1. Lecture on newborn assessment and nursing interventions in the Delivery room. (Class day #5).
2. Clinical day #5 the student will observe the clinical instructor's demonstration of the nursing care for the newborn in the Delivery room.

3. Readings:

Reeder, Mastroianni and Martin, Ch. 25

4. Slide/tape presentation available in the Learning Resource Center. "Newborn Assessment - physical examination" (optional).

GOAL #2

The student will initiate appropriate interventions, based on physiologic priorities, during neonatal resuscitation.

A. Objectives:

1. During a simulated resuscitation situation, using guidelines presented in class, the student will choose the priority interventions according to circumstances presented.

Due: Clinical day #5

Criterion: 90%

2. In class, given thirty multiple choice questions the student will select the appropriate answer.

Due: Classday #6

Criterion: 80%

Sample:

- a) The primary concern during resuscitation of a meconium aspiration newborn is
1. Initiate respirations
 2. Stimulation
 3. Intubation before respirations
 4. Intubation and mechanical respiration
- b) The resuscitation drug of choice for a newborn whose mother received analgesia prior to delivery is
1. Sodium Bicarbonate
 2. Epinephrine
 3. Narcan
 4. Oxygen

B. Planned Activities:

1. Lecture and demonstration on the resuscitation procedures for the newborn (class #5). A handout of the current guidelines.

2. Readings:

- a) Gregory, G. Resuscitation of newborn. Anesthesiology 43:2: 225-137, 1975.
- b) Reeder, Mastroianni and Martin, Ch. 25
- c) Clotherty, J.P. Meconium Aspiration. In Clotherty, J. F., and Start, A. R. Manual of Neonatal Care. p. 163-167.
- d) Further readings can be found in Bibliography.

UNIT V

INTRAPARTUM COMPLICATIONS

Intrapartum obstetrical complications, if untreated, expose the mother and/or the fetus to life-threatening risks. It is the responsibility of the professional nurse to assess the intrapartum patient for signs and symptoms of potential obstetrical risks. Complications may occur at any time during the labor and birth process. Early symptoms may be subtle or overt.

GOAL #1

The student will make appropriate nursing assessments and interventions when caring for the patient who has uterine dysfunction in labor.

A. Objective:

1. In class, the student will write in 50-100 words or less three uses, four side-effects, six contraindications and the nursing concerns for the administration of Pitocin in labor.

Due: Clinical day #6

Criterion: 90%

A. Planned activities:

1. Readings
 - a) Oxorn Ch. 39
 - b) Friedman, E.A. Dysfunctional Labor (in Syllabus)
2. Clinical day #6, after the quiz, the student will be assigned to care for a patient on a pitocin induction.
3. During the post-conference (clinical day #5) the instructor will review indications, contraindications and nursing interventions for the pitocin induction patient.

GOAL #2

The student will assess and make interventions appropriately for fetal distress.

A. Objective:

1. In class, given five fetal monitor strips the student will identify each strip and state three priority nursing interventions to promote fetal well-being.

B. Planned activities:

1. Lecture on causes, symptoms and nursing interventions for fetal distress.
2. Readings
 - a) Dohen, W. R. and Schiferin, B.S. Diagnosis and Treatment of Fetal Distress. (in Syllabus)
 - b) Reeder, Mastroianni, and Martin. Ch. 41, p. 919-922.
3. Clinical assignment (day #6) is to care for a laboring high risk patient (Observe for signs of fetal distress).

GOAL #3

The student will assess and make appropriate interventions for the patient with pregnancy induced hypertension (PIH).

A. Objective:

1. In class, give twenty multiple choice question concerned with the care of the patient with pregnancy induced hypertension (PIH) the student will choose the correct answer.

Due: Class day #7

Criterion: 80%

Sample: Which of the following is not appropriate,
for the PIH patient?

1. An intravenous solution of Normal Saline
2. Seizure precautions
3. Hourly blood pressure measurements
4. Test for proteinuria

B. Planned activities:

1. Lecture on PIH and implications for nursing practice.
2. Readings
 - a) Reeder, Mastroianni and Martin Ch. 34
3. Clinical assignment (day #6) care of the high risk labor patient for seven hours. (Observe for signs of PIH).
4. Clinical post-conference to discuss students questions concerning their clinical experiences.

GOAL #4

The student will demonstrate an understanding of the hemorrhagic complications possible during labor and birth.

A. Objective:

1. In class, given 10 multiple choice questions on hemorrhagic complications of labor and birth, the student will choose the correct response.

Due: Class Day #7

Criterion: 90%

Sample: All the following are signs and symptoms of placenta previa except:

1. Abdominal pain
2. Vaginal bleeding
3. Decreased hct
4. Fetal distress

B. Planned activities:

1. Readings:

a) Oxorn Ch. 33

2. Lecture on the hemorrhagic complications of the intra-partum patient.

GOAL #5

The student will discuss the implication of uncommon fetal presentations and positions.

A. Objective:

1. In class, the student will present a 15-20 minute discussion to the class on the assigned or selected uncommon fetal positions and presentations, listed below.

face presentation
breech presentation
brow presentation

multiple pregnancies
transverse occuput
compound presentation

Discussion areas include:

- a) A description of the problem
b) Mode and demonstration of the delivery technique
c) Potential risks

Due: Class day #7

Criterion: 100%

B. Planned activities:

1. Clinical assignment (day #7) the student will spend seven hours in the delivery suite with a member of the nursing staff attending deliveries, particularly any known complicated or unusual birth situations.
2. Post-Conference (clinical Day #7) discussion of the student's questions.

3. Readings:

Oxorn Ch. 12, 14, 15, 16, 18, 20 (depending discussion on topic)

Reeder Ch. 36

4. Obstetrical Charts and models available at Learning Center.

GOAL #6

The student will demonstrate an understanding of the reasons for, and the risks associated with complex obstetrical delivery methods, including Cesarean section.

A. Objectives:

1. In class, from a list of twenty clinical situations for which Cesarean sections have been done, the student will choose those situations which are considered elective, necessary and emergency (crash).

Due: Class day #8

Criterion: 90%

2. Given a list of thirty obstetrical delivery situations the student, outside of class, will select the appropriate delivery technique and list one major risk involved.

Due: Clinical day #8

Criterion: 80%

Sample:

- a) Occipit transverse
- b) Lot in labor

3. Post-Conference day #8 . Discussion of clinical experience.

4. Readings

Oxorn Ch. 24

Reeder Ch. 37 p. 822-827

5. Optional Readings

Reeder Ch. 37 p. 817-822

Oxorn Ch. 45

6. Film in class. Cesarean Section

7. Lecture (Class Day #8): indications and risks of forceps, vaccum and surgical delivery procedures.

UNIT VI

PERINATAL EMERGENCIES

Emergency situations demand immediate action and strong clinical judgement. Judgement developed through education and experience. The student is not expected to manage emergency situations on their own. They are expected to understand the underlying physiological principles, notify appropriate staff and assist when necessary.

GOAL #1

The student will demonstrate an understanding of the physiologic principles and immediate interventions for the major perinatal emergency situations.

A. Objective

1. Outside of class, the student will write a 3-5 page chronicle of his/her experiences during the clinical assignment working with the Clinical nurse specialist or the charge nurse. Information to be included:

- a) A brief description of the situation
- b) A brief statement of the underlying physiology
- c) Interventions made and why
- d) Results

Due: Class day #10

Criterion: This paper will be letter graded

2. In class, the student will present a 15-20 minute discussion of one of the following emergency situations:
 - a) Shoulder dystocia
 - b) Prolapse umbilical cord
 - c) Post partum hemorrhage

- d) Transverse lie in active labor
- e) Uterine rupture
- f) Amniotic fluid embolus

Due: Class date #9

Criterion: 100%

B. Planned Activities:

1. Clinical experience - the student will spend 6 hours working with the nurse assigned to coordinate and troubleshoot emergency situations this is usually the clinical nurse specialist or charge nurse. From week 3-9 the clinical instructor will assign one student to this activity per week.
2. Readings
 - a) James, S. L. Emergencies in the delivery room. In Faranoff and Martin p. 179-196.
 - b) Berkowitz, R. Critical Care of Obstetrical Patient.
 - c) Oxorn Chap. 19, 21, 22, 34.
3. Clinical post-conference (day #9) discussion of experience with emergency situations.

UNIT VII INTRA PARTUM MANAGEMENT OF MEDICAL CONDITIONS

Women who have chronic or acute non-obstetrical problems present a Special Challenge to the perinatal health care team. The treatment of the mother may interfere with the well being of the fetus. The beginning practitioner needs an understanding of the disease process, its management and the effects on the fetus.

GOAL #1

The student will demonstrate an understanding of the physiologic effect of cardiovascular disease and Diabetes Mellitus on pregnancy.

A. Objective:

1. In class the student will complete a 50 question test (multiple choice, fill-in, true/false) on cardiovascular disease and Diabetes during pregnancy.

Due: Final exam day

Criterion: 80%

Sample:

- a) Class B diabetics usually require insulin during labor _____ (true/false)
- b) The optimum blood sugar range for a laboring woman is _____ to _____.
- c) Women with cardiac vascular disease have the most difficulty intrapartum with:
 1. Active labor
 2. Pushing
 3. Fourth stage labor
 4. Pain management

GOAL #2

The student will institute appropriate isolation procedures for intrapartum patients with infectious diseases.

A. Objective

1. Outside of class, the student will complete a two page work sheet on infection control measures for the infectious intrapartum patient.

Due: Clinical day 10

Criterion: 90%

B. Planned activities:

1. Lecture (class day 10), on a) cardiovascular disease and diabetic physiology during pregnancy, treatment and fetal effects.
b) nursing management of infectious disease in labor and delivery.
2. Clinical assignment (day 10) care of an intrapartum patient with cardiovascular disease, Diabetes or an infectious disease.
3. Post conference discussion of student's questions concerning assignments.
4. Readings
 - a) Veland, K. Cardiovascular diseases complicating pregnancy. Clinical Obstetric Gyn. 21:429. 1978.
 - b) Reeder Ch. 35
 - c) Tejanic, N. Klein, S.W. and Kaplan, M. Subclinical Herpes simplex genitals infections in perinatal period. Am of Obstet & Gyn 135:547. 1979.

- d) Cohen, A.W. and Gabbe, S.G. Intrapartum Management of diabetic patient. Clinical Perinatory 8:165. 1981.

EVALUATION

A. Student Evaluation:

In accordance with the University policies, students will receive a letter grade for their course work. The letter grade will be determined in the following manner:

1. Thirty percent - Unit two assigned paper
2. Thirty percent - Unit six assigned paper
3. Fourty percent - Successful completion of criterion measure:

20 - 23 = A

18 - 20 = B

16 - 18 = C

14 - 16 = D

less than 14 = F

4. Clinical days are mandatory. The student will be required to make-up any clinical days missed. The student is responsible for making arrangements with the clinical instructor to make-up days that have been missed. In the event that this requirement is not met the student's grade will be lowered one grade.

5. Each student will have the opportunity to arrange with the instructor to redo two of the criterion that they have not successfully met. It is expected that eighty percent of the students will meet the required C grade permitting them to continue with the perinatology series. Students will meet with the instructor during the fifth week of class to assess their progress. The instructor will also be available to the students during office hours and by appointment. The students progress will be

regularly reviewed by the instructor and clinical instructors.

In this way, both the student and the instructor will have ample opportunity to work with the problem as they occur.

B. Course Evaluation:

The course will be evaluated on the basis of content, the instructor and the students learning.

The course content will be evaluated by the instructor based on new research and knowledge in the field. The instructor will also meet with the clinical instructors, intrapartum unit's and clinical nurse specialist and charge nurse to determine if the class content is teaching the students what they need to know to function effectively in the clinical setting. The students will also be asked to anonymously give their input on the relevance of course content to clinical experience, at the end of the course.

The instructor will be evaluated by the students anonymously at the end of the course. Items to be included in this evaluation include teaching style, availability, responsiveness to students needs.

The students learning will be evaluated by the student's successful completion of the established criterion for objectives in each of the unit.

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